

January 17, 2012

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street SW
Washington, DC 20554

Re: Notice of *Ex Parte* Communication, WC Docket No. 02-60

Dear Ms. Dortch:

On December 12, 2011, Hank Fanberg of CHRISTUS Health, spoke via telephone with Linda Oliver, Christianna Barnhart, and Chin Yoo of the Wireline Competition Bureau. Also on the call were Leila Samy, Special Assistant to the Deputy National Coordinator for Operations, Laura Rosas, an attorney with the Office of Chief Privacy Officer at the Officer, and Dr. David Hunt, a Medical Director in the Office of Provider Adoption, all of the Department of Health and Human Services (HHS) Office of the National Coordinator for Health IT (ONC). Mr. Fanberg is also the Associate Project Coordinator for the Texas Health Information Network Collaborative, a pilot project under the FCC's Rural Health Care Program. The purpose of the call was to discuss the telecommunications needs of rural health care providers in response to the Commission's July 15, 2010 Notice of Proposed Rulemaking in the above-referenced docket. The parties discussed the following topics:

Mr. Fanberg described his experience with the broadband needs of rural hospitals and health care providers in the state of Texas. Mr. Fanberg believes that Texas has the largest number of rural hospitals in the country. In many areas there is no fiber cable available. He said that most rural hospitals are using a T-1 line; some bundle two T-1s, while a rare few might have DS-3 connections. Even when broadband connections are available in a rural community, they may not be affordable, because those connections are often much more expensive in rural areas. He said that the higher rural prices are due in part to the greater distance of the customer's premises from a service provider's network, and in part due to the relatively small number of potential customers that can be served in rural areas, which means costs must be spread over fewer customers. Also, in many cases there is only one potential broadband provider in rural communities, and thus no competitive price pressure.

Mr. Fanberg also discussed the impact of the transition to electronic health records (EHRs) on broadband needs. In Mr. Fanberg's experience, many rural health care providers are concerned about protecting the security and privacy of their EHRs, and are skeptical regarding the adequacy of encryption techniques to protect data security when EHRs are transmitted over shared networks. He said that providers often have a preference for private networks (including virtual private networks) as a way to protect data security, but such connections are usually more expensive.

Ms. Rosas of ONC added that encryption of data during transport via a network is required to protect privacy and data security, as well as other measures such as strong passwords and user IDs. She noted that ONC is focused on helping health care providers deal with the new technology. She noted that the backup and recovery of health records can be a challenge for providers, especially those in a small practice. If a health care provider's EHRs are hosted onsite, then the back up and recovery of the data is more a manual process. She said that one solution is offsite hosting in a remote location, which requires a broadband connection. Mr. Fanberg echoed this, saying that the Health Information Technology for Economic and Clinical Health (HITECH) Act requirements are creating another source of demand for bandwidth, and that where EHR hosting is remote (including in a "cloud") a T-1 might not be sufficient bandwidth for a provider such as a critical access hospital.

Mr. Fanberg noted that the demands for bandwidth are cumulative, as health care providers must use the same connections for many different purposes at the same time. He pointed out that “commercial Internet” providers will not prioritize traffic for health care providers. When something is time-sensitive, health care providers need a sufficient QoS (quality of service) to ensure that the telehealth application works. He provided “tele-stroke” as an example of this: when the emergency room of a rural hospital is able quickly to transmit a CT scan of a patient’s head to a neurologist in an urban hospital, the rural hospital can prevent permanent stroke damage by administering preventive medicine in a timely fashion. Where only a T-1 connection is available, transmission of the CT scan could take 25 minutes, and the delay could have serious consequences for the patient.

The parties also discussed that the shortage of physicians means that there is even more need to leverage technology and use telehealth to provide care to patients in rural areas. Mr. Fanberg said the FCC should be sure to build in future needs for rural health care providers when it reforms its rural health care program.

Respectfully submitted,

 /s/
Linda L. Oliver

Attorney Advisor, Telecommunications Access Policy Division, Wireline Competition Bureau